



MASTS AGING INTAKE FORM

DPHHS/SLTCD

By providing this confidential information, we receive crucial funding for our meals and aging programs. You can still receive services if you do not complete this form in part or whole.

Date _____ Client ID# _____ ☐ Updating

1. **Name:** Last _____ First _____ Middle _____

2. **Date of Birth:** _____ 3. **Soc. Sec. #** _____ 4. **Phone:** _____

5. **Mailing address:** _____

City _____ State _____ Zip _____

6. **Street address:** (if different from #5) _____

City _____ State _____ Zip _____

7. **Race: Check all race categories that apply** ☐ White ☐ American Indian/Native Alaskan

☐ Asian ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ Other

8. **Ethnicity:** ☐ Non Hispanic/Latino ☐ Hispanic/Latino 9. **Gender:** ☐ M ☐ F

10. Monthly household income (check number that **best represents** your monthly household income)

1 ☐ under \$851 2 ☐ under \$1,141 3 ☐ under \$1,431 4 ☐ under \$1,721

5 ☐ under \$2,011 6 ☐ under \$2,301 7 ☐ over \$2,301

11. **Number of people in household:** _____ 12. **Disabled:** ☐ Y ☐ N 13. **Veteran:** ☐ Y ☐ N

14. If you are **under** 60 years of age, is your spouse over 60? ☐ Yes ☐ No

If you are **under** 60, are you disabled and living with someone over 60? ☐ Yes ☐ No

Emergency contact person

Relationship

Phone

FOR AGING STAFF USE

Nutrition Screenings must be completed for all people receiving Congregate or Home Delivered Meals

Client receiving services under Nat'l Family Caregiver Support Program, complete the following

Caregiver: Husband ☐ Wife ☐ Daughter/DIL ☐ Son/SIL ☐ Other Relative ☐ Other ☐

Grandparent: Grandparent ☐ Other elder relative ☐ Other elder non relative ☐ # Kids <19 _____

Required In-Home Services Information - Complete if the client receives any of these services: *Personal care, Homemaker, Home chore, Home delivered meals, Adult day care, Case management, Respite.*

1. **Needs Assistance with Activities of Daily Living (ADLs)**

☐ None ☐ Eating ☐ Dressing ☐ Bathing ☐ Toileting ☐ Transferring ☐ Walking

2. **Needs Assistance with Instrumental Activities of Daily Living (IADLs)**

☐ None ☐ Meal preparation ☐ Money management ☐ Shopping ☐ Transportation
☐ Telephone use ☐ Medication management ☐ Light Housework ☐ Heavy Housework

1PC 2HM 3HC 4HDM 5ADC 6CM 7C1 9AT 10TR 11LA 12NE 13IA 14OR 15SN 16FV 17HS 18SC 19HP 21R 22